



## Employee Beneficiary Designation Form

I, the undersigned, hereby revoke all beneficiary designations previously made by me arising out of my employment with the City of Hampton, VA, except the beneficiary designation(s) made by me for the Virginia Retirement System. In the event of my death, I, the undersigned, hereby authorize and request the City of Hampton to make payment to the following designated person(s) as my beneficiary(ies) to receive any monies due me for travel expenses, savings bonds, payroll deduction refunds, and payroll check(s) arising out of my employment with the City of Hampton.

### PLEASE TYPE OR PRINT

<b><u>PRIMARY BENEFICIARY:</u></b>			<b><u>DISTRIBUTION :</u></b> %	
/   /				
First Name	Middle	Last	Relationship	Birth Date
Street Address		City	State	Postal Code
<b><u>PRIMARY BENEFICIARY:</u></b>			<b><u>DISTRIBUTION :</u></b> %	
/   /				
First Name	Middle	Last	Relationship	Birth Date
Street Address		City	State	Postal Code

In the event that the above named beneficiary (ies) should predecease me, that I hereby authorize the City of Hampton to make payment to the following named Contingent Beneficiary (ies) of any aforesaid monies due me at my death. In the event that the named Contingent Beneficiary (ies) should also predecease me, then I hereby authorize and request that the City of Hampton make payment to the estate of any aforesaid monies.

<b><u>CONTINGENT BENEFICIARY:</u></b>			<b><u>DISTRIBUTION :</u></b> %	
/   /				
First Name	Middle	Last	Relationship	Birth Date
Street Address		City	State	Postal Code
<b><u>CONTINGENT BENEFICIARY:</u></b>			<b><u>DISTRIBUTION :</u></b> %	
/   /				
First Name	Middle	Last	Relationship	Birth Date
Street Address		City	State	Postal Code

_____	_____
(Please print or type full name)	Social Security Number
<b>X</b> _____	_____
Signature of Employee	Date

<b><u>WITNESS:</u></b> (Authorized City of Hampton Employee)	_____
	Authorized Signature